SCHOOL HEALTH SERVICE

ANNUAL REPORT

SOMERSET COUNTY COUNCIL

1967

SOMERSET COUNTY COUNCIL

THE COUNTY EDUCATION COMMITTEE

Annual Report

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1967

A. PARRY JONES,

M.B., B.Ch., D.P.H.

Principal School Medical Officer.

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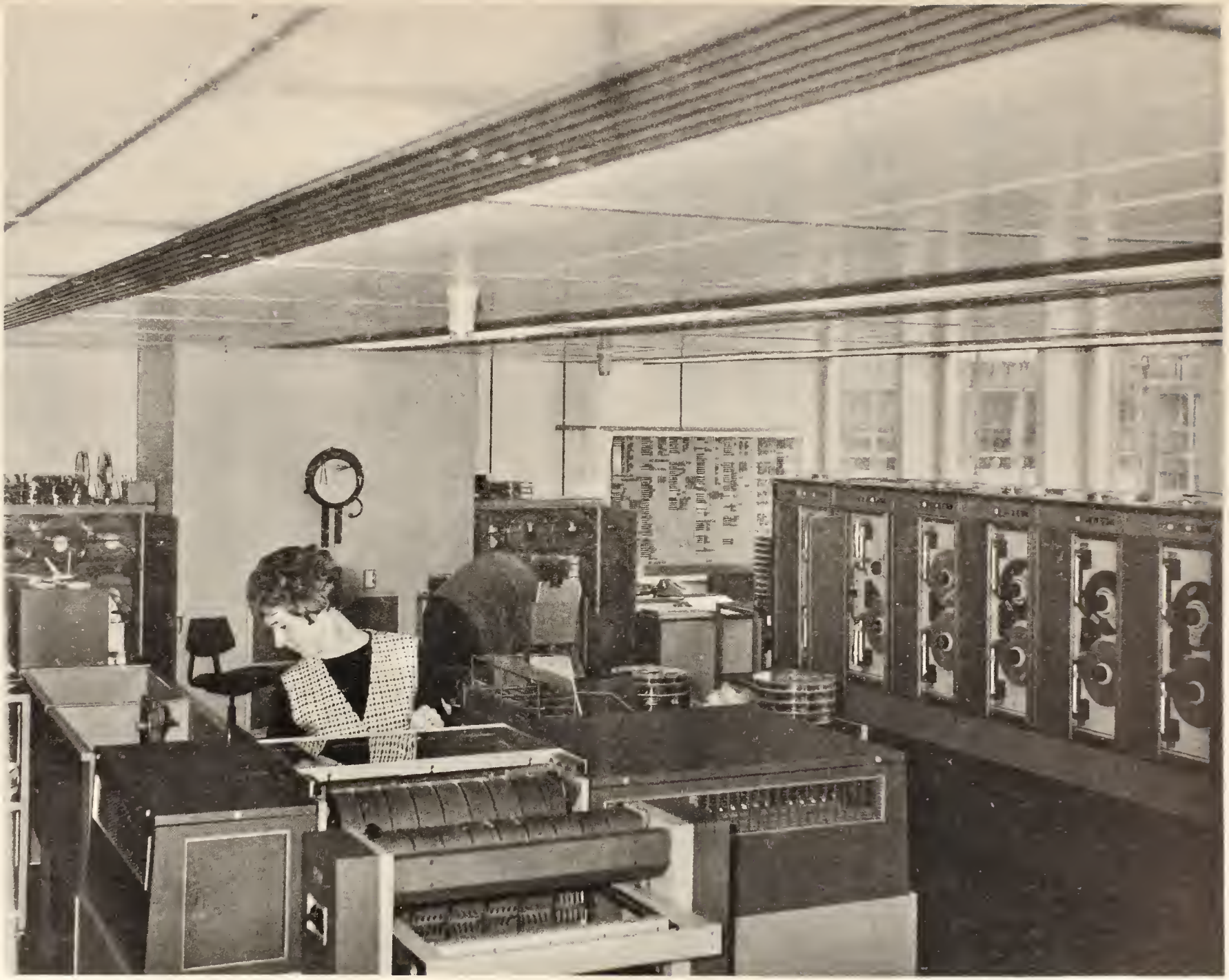

The Computer Room at County Hall, Taunton.
(see page 18 of this Report)

To the Chairman and Members of the Education Committee

of the Somerset County Council

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Service for the year 1967. The Report presents a general survey of the work performed by your School Health Service and includes certain statistical details required by the Department of Education and Science.

Throughout the year general practitioners in the Rural District of Wincanton undertook school medical work for the children on their practice lists. This experiment has been received favourably by all concerned and has aroused considerable interest nationally. Further extensions are being considered in other rural areas.

I am grateful to the Headmasters, Headmistresses and their staffs for their assistance and interest in the conduct of the service, and I also wish to acknowledge the co-operation and help received from the Chief Education Officer and his staff.

Finally, I would thank Dr. A. R. Buchan, who left at the end of October, for the invaluable support he has given me in the affairs of the School Health Service over the past three years.

A. PARRY JONES,

Principal School Medical Officer.

County Hall,
Taunton.

April, 1968.

SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer

A. PARRY JONES, M.B., B.Ch., D.P.H.

Deputy Principal School Medical Officer

A. R. BUCHAN, M.D., B.S., D.P.H. (resigned 31st October, 1967)

Divisional Medical Officers

P. P. FOX, M.B., Ch.B., D.P.H. (Yeovil)

D. McGOWAN, M.B., Ch.B., D.P.H. (Weston-super-Mare)

H. MORRISON, M.B., Ch.B., D.P.H. (Taunton)

R. H. WATSON, M.B., Ch.B., B.A.O., D.P.H. (Bridgwater)

Assistant County Medical Officer

W. MARGARET BOND, M.B., B.S., D.C.H., D.Obst.R.C.O.G.

School Medical Officers

PAMELA M. ANDERSON, M.R.C.S., L.R.C.P.

AMY M. BAIRD, L.R.C.P., L.R.C.S., D.P.H.

VALERIE N. BAKER, M.B., Ch.B., D.R.C.O.G., D.P.H.

D. E. CLARE, M.B., B.S., D.P.H.

BEATRICE I. DENNIS, M.B., B.S.

EVELYN S. ELLIOTT, M.B., B.S., D.R.C.O.G.

E. L. FAWSSETT, M.B.E., B.A. (Hons.), M.R.C.S., L.R.C.P., D.P.H. (retired 23rd April, 1967)

A. M. McCALL, M.R.C.S., L.R.C.P., D.P.H.

N. NEWMAN, M.B., B.Ch., D.P.H.

CHRISTINE M. ROOKE, M.B., B.S.

MARGARET I. ROSS, M.B., Ch.B., D.P.H.

MARJORIE L. STEWART, M.B., Ch.B., D.P.H.

MARION T. THOMSON, M.B., Ch.B., D.P.H.

BARBARA A. WALLACE, M.B., Ch.B., D.C.H., D.P.H.

School Ophthalmologists

J. R. S. BARTON, F.R.C.S., D.O. (from 1st July, 1967)) By arrangement
R. L. N. STEWART, M.B., Ch.B., D.O.) with the Regional
A. E. WILSON, M.R.C.S., L.R.C.P., D.O.M.S.) Hospital Board

Principal School Dental Officer

QUENTIN DAVIES, L.D.S., R.C.S.(Eng.)

County Orthodontist

N. M. POULTER, L.D.S., D.D.O., R.F.P.S. (Glas.)

Senior Dental Officers

Mrs. A. C. CARTER, L.D.S., R.C.S.(Eng.)., B.D.S.(U.Brist.)

H. C. GREEN, L.D.S. (V.U.Manc.)

G. HUTTON, L.D.S., R.C.S. (Eng.) (resigned 31st May, 1967)

J. WATSON, B.D.S., L.D.S. (V.U.Manc.) (resigned 11th June, 1967)

D. B. WELLS, L.D.S. (U.Birm.)

School Dental Officers

C. E. AMOS, B.D.S. (U.Brist.)

Miss C. M. BILES, B.D.S. (U. Brist.) (from 9th January, 1967)

N. A. BOSTOCK, L.D.S., R.C.S. (Eng.)

R. F. DIRKIN, L.D.S. (U.Durh.)

P. A. DUNCAN, B.D.S. (U.Edin.)

E. R. HEATHCOTE, L.D.S., R.C.S. (Eng.)
D. T. HUMPHRIS, L.D.S., R.C.S. (Eng.)
R. V. JONES, B.D.S. (U. Edin.) (from 14th August, 1967)
F. C. R. LEWIS, L.D.S. (U. L'pool)
Miss E. M. McRAITH, L.D.S., R.C.S. (Eng.)
L. P. POTTER, L.D.S., R.C.S. (Eng.) (from 11th September, 1967)
L. E. SCULL, L.D.S. (U. Brist.)
F. A. SMEDLEY, B.D.S. (U. Brist.)
Mrs. G. M. WALKER, L.D.S. (V.U. Manc.)
J. E. C. WEDDUP, L.D.S., R.C.S. (Eng.) (resigned 3rd August, 1967)

Child Guidance Team

F. BODMAN, M.D., D.P.M. (Director)
A. H. BAKKER, M.B., D.P.M. (part-time Consultant Psychiatrist)
M. F. BETHELL, M.D., D.P.M. (part-time Consultant Psychiatrist)
K. C. P. SMITH, M.R.C.S., L.R.C.P., D.P.M. (part-time Consultant Psychiatrist)

) By arrangement with the Regional Hospital Board

Miss S. PULLEN, A.A.Ps.W. (Head Psychiatric Social Worker)
Mrs. F. BODMAN, A.A.Ps.W. (part-time Psychiatric Social Worker)
Miss J. C. LAVER A.A.Ps.W. (Psychiatric Social Worker) (resigned 31st March, 1967)
Mrs. G. SESSIONS HODGE, A.A.Ps.W. (part-time Psychiatric Social Worker)
Miss M. J. WILSON, B.A., A.A.Ps.W. (Senior Psychiatric Social Worker) (from 1st March, 1967)
W. ROBERTSON, M.A., M.Ed., F.B.Ps.S. (Senior Educational Psychologist)
Miss K. BLYTHEN, B.A., A.B.Ps.S. (Educational Psychologist)
Mrs. M. DICKINSON, M.A., Dip.Ed. (Educational Psychologist) (resigned 6th January, 1967)
Miss M. R. GREY, B.A., A.B.Ps.S. (Educational Psychologist)
D. LAWRENCE, B.A., A.B.Ps.S. (Educational Psychologist) (from 1st July, 1967)
P. W. MAYHEW, B.A., A.B.Ps.S., D.C.P., L.R.A.M. (Educational Psychologist)

) Education Staff

Speech Therapists

Miss D. E. M. LEDAMUN, L.C.S.T., A.L.A.M. (Senior Speech Therapist) (from 12th September, 1967)
Mrs. M. L. CHRISTIE, L.C.S.T. (part-time) (from 1st June, 1967) (full-time from 1st October, 1967)
Miss W. E. COOKE, F.C.S.T., A.R.A.M., M.R.S.T. (part-time)
Mrs. G. HEPWORTH, L.C.S.T. (part-time)
Mrs. M. H. JONES, L.C.S.T. (part-time) (from 11th October, 1967)
Mrs. J. R. MARTIN, L.C.S.T. (part-time)
Miss K. E. MURRAY, L.C.S.T.
Miss E. M. SLACK, L.C.S.T.
Mrs. V. STEPHENSON, L.C.S.T. (part-time)

Visiting Orthopaedic Surgeons

R. A. J. BAILY, F.R.C.S.
A. E. BURTON, F.R.C.S.
J. R. KIRKUP, F.R.C.S.
H. K. LUCAS, F.R.C.S., M.Ch. (Orth.)
P. M. YEOMAN, M.D., F.R.C.S.

) By arrangement with the Regional Hospital Board

Teachers of the Partially Hearing

P. T. CLEARY (Senior Teacher)
J. H. FOSSEY (from 1st September, 1967)
Mrs. E. HEALY (from 1st February, 1967)
Mrs. B. M. MAYHEW (part-time) (until 31st July, 1967)
P. P. VREESWIJK

ADMINISTRATION

The day to day working of the School Health Service continued unchanged from recent previous years.

Dr. A. R. Buchan, who had been Deputy Principal School Medical Officer since January, 1965, resigned on 31st October, 1967, upon his appointment as County Medical Officer and Principal School Medical Officer for Leicestershire.

Dr. E. L. Fawssett, who had given excellent and devoted service as a School Medical Officer since his appointment in September, 1950, retired owing to ill-health on 23rd April, 1967.

COURSES

Officers attended Courses as follows:-

Speech Therapy Course, Torquay	Miss E. M. Slack
Course on Dental Administration, British Dental Association, London	Mr. H. C. Green

SCHOOL POPULATION

The number of pupils on the registers of maintained schools in the area of the Authority in January of each of the previous ten years is as follows:-

1958	67,526
1959	69,823
1960	70,627
1961	71,071
1962	71,671
1963	72,006
1964	74,471
1965	75,817
1966	77,337
1967	79,380

SCHOOLS AND SCHOOL CHILDREN

Type of School	Number of schools in January, 1968	Number of children on register - January, 1968
Nursery	2	75
Primary - Infants only	56	8,523
- Infants and Juniors	288	28,623
- Juniors only	47	11,685
Secondary		
- Modern	47	22,200
- Technical	1	189
- Grammar	18	7,706
- Comprehensive	3	2,702
Special - Educationally Sub-normal	5	572
	467	82,275

The average attendance during the Summer Term, 1967, was 92.28 per cent compared with 92.97 in 1966.

SCHOOL CLINICS

A complete list of the various school clinics held throughout the County is given on pages 36, 37 and 38 of this Report.

I. INSPECTION AND TREATMENT

MEDICAL INSPECTION

During the year the number of children examined at routine medical inspection was as follows (figures for 1966 are given in brackets):

School entrants	9,005	(7,291)
Intermediate age-groups	7,316	(5,833)
School leavers	1,041	(1,388)

The examination of children at school entry is a comprehensive medical, social and intellectual appraisal of each child augmented by pure-tone audiometric sweep testing and vision testing.

Thereafter, examinations may be conducted on traditional lines or on a "selective" basis at the discretion of individual school medical officers. In the main the school leaver examinations are carried out by the selective procedure throughout the County. Under this system only those children are called for who are considered by the doctor to be in need of medical inspection after a scrutiny of the child's records, a questionnaire completed by the parents, school attendance records and following discussions with the Headmaster/mistress.

Details of periodic medical inspections carried out during the year are given in the Table on page 27.

In addition, Somerset is one of fifteen Authorities which carry out annual vision testing.

During the year School Medical Officers also carried out;

1.	Special examinations at the request of the parent, teacher or school nurse	3,489
2.	Re-examinations of children found at previous inspections to have a defect which needed to be kept under observation	8,984

Fifty-six schools were not visited for school medical inspections in 1967.

The arrangements outlined in last year's Report, whereby general practitioners undertake school medical inspections in certain schools in the eastern part of the County, continued during the year.

GENERAL CONDITION OF CHILDREN INSPECTED

The school doctors clinically assessed 21 (0.12%) children out of 17,362 children examined at periodic medical inspections to be of unsatisfactory physical condition. This shows a decrease from last year when the number was 31 (0.21%). The national figure for nearly two million children examined in 1965 was 0.38 per cent.

DEFECTS FOUND AT MEDICAL INSPECTIONS

The Table on page 29 gives details of the defects (excluding dental disease and infestation with vermin) found at periodic medical inspections during the year for each group examined and at special inspections.

By far the commonest defects found were those related to the eyes (141 per 1,000 children examined) and abnormalities of the ear, nose and throat (also 141 per 1,000 children examined).

The Table shows that the number of defects in children found to require treatment was 4,794, of whom 1,468 required treatment for defective vision.

CLEANLINESS OF SCHOOL CHILDREN

Since 1962 school nurses have carried out cleanliness inspections on a selective basis and on the request of Headmasters/mistresses.

During 1967, 23,816 children were inspected and 216 found to be infested.

COLLEGE OF EDUCATION STUDENTS AND TEACHERS

Local education authorities are required to carry out the medical examination of prospective students of Colleges of Education resident in their areas and also of teachers new to the profession who have not already passed a medical examination.

During 1967, the School Medical Officers examined 583 students and 80 teachers. A chest x-ray was arranged for those teachers who had not had a recent x-ray.

MINOR AILMENTS

Minor ailment sessions were held at various clinics throughout the year (see page 36). In general, treatments were confined to simple medicaments, and pupils requiring further attention were referred to their general practitioners and the hospital services.

AUDIOLOGY SERVICE

The following report has been submitted by Mr. P. T. Cleary, Senior Teacher of the Partially Hearing:-

"Mr. Vreeswijk rejoined us in July, having successfully completed the Diploma Course in Audiology at the University of Manchester. We shall now be able to give deaf and partially hearing children in the pre-school age group more attention than has proved possible in the past.

We are purchasing further speech training units for loan to parents and should in the very near future have a sufficient number to cover the demand.

All screening was carried out in the first year of school attendance. The complete county programme was completed with the help of an audiometrician working part time.

The numbers of infants seen dropped mainly because of staff absences. We very much appreciate the co-operation and help we receive from the Health Visitors and District Nurses in this part of our duties.

The number of referrals during the year continued to rise."

Statistics

Number of children screen tested	8,545
Number referred to School Medical Officers for investigation	489
Assessment - number of children tested	572
Risk register referrals	56
Number of school age children receiving attention	40
School age children receiving occasional attention	40
Pre-school children receiving regular attention	12

Hearing Assessment Clinics

A team, comprising an Otologist, School Doctor, and Travelling Teacher of the Partially Hearing, and, on occasions, other hospital and/or local authority staff concerned, meets regularly at Bath, Taunton and Weston-super-Mare to discuss problems relating to individual cases.

Hearing Aids

Children of school age provided with hearing aids - in 1967	7	
- in previous years	72	

During 1967, fourteen commercial hearing aids were provided by the Committee to children of all ages, on the recommendation of Otologists.

PAEDIATRIC SERVICES

The close liaison existing between the School Health Service and the Paediatric Departments of the local hospitals was maintained, and the arrangements whereby the Education Authority provided teachers and materials for the education of children in hospital continued throughout the year.

CONVALESCENCE

Sixteen children enjoyed convalescent holidays in Devon on medical recommendation, at the Devonport Homes or Heathercombe Brake Home, during 1967.

SCHOOL OPHTHALMIC SERVICE

During the year, the Ophthalmic Consultants examined 1,903 school children (2,178 attendances) prescribing glasses for 782. In addition 125 pre-school children were examined, chiefly for squint. Information has been received that 724 pairs of glasses (or lenses to new prescriptions) have been provided. Included in this figure are 95 pairs prescribed prior to 1967.

Routine vision testing has been carried out annually in schools since 1964 by health visitors. The first test is scheduled soon after school entry after an initial settling down period of about a term. It is customary to use the Chevasse E test chart for non-readers although individual school doctors may favour other charts.

Colour vision is tested in conjunction with the intermediate routine school inspection.

SPEECH THERAPY

Details of the Speech Therapy Service are given in the Tables at the end of this Report.

Miss D. Ledamun, who was promoted to Senior Speech Therapist on 12th September, 1967 to fill the vacancy caused by the resignation of Miss A. Parsons, has supplied the following report:-

"The shortage of staff has continued throughout 1967. The advent of another therapist in Taunton has eased the situation there and enabled clinics at Minehead and Bridgwater to be re-opened. However, clinics in other parts of the County remained closed and others have long waiting lists. It has been possible to re-start a session at Monkton Priors School, Taunton.

During the year a mechanical aid for stammerers was introduced. It is known as the electronic metronome (see photograph on page 10) and has been pioneered by a therapist, Mrs. M. Wohl, at a Glasgow hospital, where it has been used successfully with adult patients. It is now being used with children in Glasgow clinics. In Somerset two of these metronomes are now being used with children, but it is too early yet to assess their progress. Some of our staff were able to attend a lecture given by Mrs. Wohl at Dorchester in December."

Miss K. E. Murray, one of the therapists at Taunton Speech Clinic, writes "The metronome is, in appearance, similar to a hearing aid. The small ear-piece transmits the beat to the patient's ear. The pitch of the beat has been specially selected so as to cause no irritation to the sensitive hearing mechanism of the ear. The beat of the metronome can be regulated by turning the large knob on top of the instrument; then the patient experiments until a beat pace is chosen which corresponds to his own speaking pace. The rhythmic beat gives a regular fluency to speech and introduces the stammerer to a rhythmic (but not stilted) speech pattern."

ORTHOPAEDIC SERVICE

During 1967, 572 new cases were seen at the clinics, of whom 365 were children of school age. The total number of attendances made was 4,903, and the number of children seen and examined by the surgeons was 1,410. This figure includes the new cases.

Taunton Speech Clinic — the electronic metronome in use
(see Page 9 of this Report)

Mr. J. R. Kirkup, Visiting Orthopaedic Surgeon, has supplied the following most interesting report:-

"In comparison with ten years ago, the Orthopaedic Clinic Service for infants and schoolchildren now deals with a much changed spectrum of disabilities. The accompanying Table demonstrates a sharp fall in acquired conditions, particularly paralytic poliomyelitis and bone and joint tuberculosis. The children admitted to the Bath & Wessex Orthopaedic Hospital in 1967 with these diagnoses were older patients receiving treatment for residual disease or deformity. No new cases were diagnosed last year. Injuries have increased significantly, yet few result from traffic accidents. Disorders associated with musculo-skeletal development are receiving more surgical attention now. Whilst congenital conditions remain static in number, a change of emphasis is taking place. For example, routine early closure of the spinal defect of myelomeningocele results in many more children surviving to require orthopaedic surgery. Diagnosis of all congenital dislocations of the hip in maternity units would drastically reduce the therapeutic problems associated with late diagnosis, and, whilst there is an increasing awareness of the importance of early diagnosis, too many children are still referred at the walking stage.

Infants and schoolchildren admitted to the
Bath & Wessex Orthopaedic Hospital
from Somerset (Bath excluded)

Diagnosis			1957	1967
Congenital	-	dislocated hips, club feet, toe deformities, cerebral palsy, myelomeningocele, etc.	62	67
Acquired	-	poliomyelitis, tuberculosis, osteomyelitis, etc.	40	7
Injury	-	fractures and soft tissue trauma.	22	33
Musculo-Skeletal Defects Appearing During Growth	-	knock knee, osteochondritis, scoliosis, etc.	28	35
Miscellaneous			13	12
		TOTAL	165	154

Whilst fewer children attend clinics with severe deformity and complicated apparatus, there is a steady flow of minor gait problems, toe deformities, flat feet, knock knees, shoe difficulties and postural defects. In this connection it may be helpful to enlarge on their management.

Many children exhibit generalised joint laxity in their early years, and, when erect, gravity produces flat feet, knock knees and often a stabilising intoeing gait. Treatment is rarely necessary, or indeed effective, and spontaneous improvement is common by seven - eight years.

An intoeing gait may also result from (i) metatarsus varus (ii) tibial torsion or (iii) femoral torsion and anteversion. The first condition is helped by reversing the footwear; the second condition is usually diagnosed as bow-legs, and, provided there is no question of rickets or familial bow-legs, it improves without treatment and indeed before school-age there may be a complaint of knock knees; the third condition is often associated with medial wear of the shoes but gradually the intoeing decreases and usually disappears by school-age. Older children learn, or can be taught, to walk on a straight line, although, in severe cases of anteversion, a 'squint' knee develops due to the patellae facing medially when the feet are parallel. Occasionally a 'squint' knee becomes an unstable knee and rotational osteotomy of the femur is necessary when skeletal growth has ceased.

Overlapping, under-riding, elevated and curly toes often respond to manual stretching during the first five years if mother persists with a daily routine. The sooner in infancy stretching starts the better the response. If not curative, such a routine prevents fixed changes developing. Strapping cannot be continuous due to skin maceration, particularly in the warmer months. Callouses and discomfort, due to toe deformity, may indicate a need for larger shoes. If symptoms persist operative correction is warranted but rarely before ten years.

Flat feet with fully mobile tarsal joints, if severe or causing discomfort, are helped by long arch supports, particularly during the early adolescent years of maximal weight gain. This is also the time when knock knee is of importance. The overweight child of twelve years is often hampered by a fixed genu valgum, and, on the assumption that obesity will persist, one can predict breakdown of the abnormally strained joints and arthritis in middle-life. Correction by stapling the epiphyseal plates is very effective.

Prevention of serious deformity is aided by early diagnosis. For example, recent work on congenital dislocation of the hip in Sweden and Salford has demonstrated that early diagnosis means easy treatment and minimal deformity. In this connection we are obviously not diagnosing all such cases in Somerset sufficiently early. Diagnosis is not easy and it may be reasonable to assume that all infants have a dislocation and give them simple treatment, thereby reducing the problems of late diagnosis by approximately ten babies a year in Somerset. It is suggested that general practitioners, obstetricians, local authority medical officers, paediatricians and midwives teach mothers to abduct their infants' legs, with the hips flexed, as a routine manoeuvre whenever napkins are changed during the first three months of life, and to report to their doctor if they experience clicking on abduction. This ensures that unstable hips do not become dislocated and that undiagnosed dislocated hips will be reduced, at least intermittently, and adaptive shortening of soft tissues will be prevented. Thus it is believed many more early diagnoses will be made and the joints will be in a healthier condition for resolution by conservative means if dislocation becomes apparent."

CHILD GUIDANCE SERVICE

The work undertaken by the Child Guidance Service in Somerset during 1967 is set out in tabular form at the end of the Report.

During 1967 Child Guidance Clinics have been held at nine centres in the County attended by four Consultant Psychiatrists.

The Director of the Child Guidance Service reports :-

"The majority of families can cope with stress and crises, but sometimes the tensions boil over into family sickness. At about the same time, family doctors note that several members of the same family show symptoms or possibly the recurrence of a former illness. So that the son may report with a boil, the mother with cystitis, and the father with anxiety symptoms. Such coincidences may make the family doctor suspicious that he is dealing with 'family sickness', though he may have some hesitation in how far he should intervene in what may prove to be a difficult and delicate problem in depth.

The child guidance team is specially trained to deal with these situations, though the individual members of the sick family may be referred by different agencies. To quote a current example, the oldest boy was referred to the team by a consultant paediatrician on account of pilfering, the middle child was referred by his family doctor because he was out of the control of his mother, and the youngest girl was sent to the clinic by the school medical officer because of bed wetting. Each child was reflecting in his individual way the tensions and stresses in this family, revealed in the interview with the mother by the psychiatric social worker, who learnt of the father's violent temper, roused when anything these lively children did interfered with his absorption in the television screen to which he was glued as soon as he came home from work. How far it would be possible to modify the father's attitude of a spoilt only boy was doubtful, but it was clear that the mother would need a great deal of support from the psychiatric social worker to achieve some insight into the ways her children were reacting to the selfish indulgence and unreasonable punishments of the father. However, in these situations an air of accusation, or verbal reproaches, is quite inappropriate, and may be harmful in so far as the parent or parents resent exhortation and being lectured, and fail to keep further appointments. This is the field of study and work of the psychiatric social worker, trained in case work methods, who, in a series of interviews builds up a relationship with the parent, who is then able to accept the more mature values and attitudes necessary to improve the domestic situation.

But the social setting of the self-indulgent father is not the only one to be considered by the child guidance team. Here again is a typical example of two members of one family being referred independently to the child guidance team, the sister by the head of her school because of a school phobia, the older brother by his family doctor because of a failure in work. The significant factor in this family was the death of the father a year earlier after a long illness. What might have at first appeared to be purely a school problem, on investigation was revealed as a family problem, with all members, including the mother, involved in working through their feeling of grief and remorse inseparable from the natural mourning process. Here again a knowledge of the social setting is important. The rituals of a working class funeral and mourning are different from the upper middle class traditions of stiff upper lips, but either can make excessive demands on immature or sensitive children.

But another 'family sickness' may show itself after the father is posted to another part of the country - or as often happens in the services - to another country.

Again a current case, the son was referred for encopresis, but during his attendance at the clinic his mother underwent, in close succession, two major abdominal operations. Here the boy suffered from a change of school, new teachers, new teaching methods, the loss of old friends, the adaptation to a new house with no longer a big garden and a favourite den. The mother, too, it emerges in an interview with the social worker, regrets the loss of her house which had been decorated and furnished to her taste, and has to accept what she feels are inferior quarters. She, too, has lost her friends and her job

as an officer in the local guild and club and is resentful of the change. Such a situation has repercussions on the whole family. It is waste of time to treat the boy's incontinence by itself. It is only a symptom, and the mother will need support and case work from the social worker to help her to make adjustment to new circumstances and to the tiresome symptoms exhibited by her son who is also reacting in his own way to the same situation.

The boy, who is not working up to his capacity at school, may appear to be a purely educational problem, but an interview with the father discloses that he has taken justifiable, if heavy-handed, steps to correct the children of a neighbour who had involved his son in a very dangerous exploit. The neighbour's children had resented their punishment and at school had organised a gang who had terrorised our young client on every opportunity out of school and on the way home. The tough father, who expected his small son to be able to stick up for himself, was in need of some counselling to modify his attitudes and to accept that his son was being subjected to excessive pressures from his peer group.

These are just a few selected examples from the current cases and to illustrate the point that the whole child guidance team is required to elucidate the social setting of the family as a whole in many of the problems of the children referred to the child guidance team. Concentration on the symptom for which the child is referred is not sufficient, and, what appears on the surface to be a school problem only, may require the skills of the whole team, psychiatrist, psychologist and social worker, to elucidate and solve what often appears an impasse."

Southfields Hostel, Ilminster

Dr. A. H. Bakker reports:-

"We have continued to help a number of emotionally disturbed boys at the Southfields Hostel.

There were thirty-two admissions in 1967, as follows:-

Somerset	19
Gloucestershire	5
Swindon	1
Poole	1
Dorset	2
Wiltshire	3
West Sussex	1

The problems which led to these boys being referred were varied but have one common factor in that the boys had been unable to establish a satisfactory relationship at home.

Placement at the Hostel has been recommended in an attempt to establish a better pattern of social behaviour. Most boys have been staying for a year, and in many cases we have been able to help the older boy of 13½ or 14 for whom it has been extremely difficult to find other residential placement."

Halcon Hostel, Taunton

Owing to staffing difficulties, it became necessary to close Halcon Hostel, Taunton, on 31st January, 1967. This Hostel, which had accommodation for twelve maladjusted girls, had given a valuable contribution in the past to the welfare of such children. However, the growth of the Child Guidance Service and alternative arrangements in certain

cases should provide more useful solutions to individual problems. Closer contact with the child's own home is now looked upon as an important element, and, as a number of the girls accommodated at Halcon Hostel came from other counties, this was rarely possible.

SCHOOL DENTAL SERVICE

The Principal School Dental Officer reports:—

"Staffing Position

A new salary scale was agreed for local authority dental officers with effect from July, 1967, and, although this provided for a very desirable increase, the comparison between the incomes derived from local authority appointments and those of other types of employment for dental surgeons does not show up to the advantage of the local authority. In spite of constant advertising, it is still very difficult to get applicants for our vacant appointments.

During the year three dental officers left, one for promotion to Chief Dental Officer of another County, one to emigrate, and one to transfer to another County. Three dental officers were appointed to the staff. The year started and ended with two dental officers below establishment.

Building Programme

No new dental clinics were opened during the year, but it is hoped that a new one, which is part of the new Health Centre at Frome, will be ready during 1968.

Mobile Dental Clinics

The mobile dental clinics have become an essential part of the service. They give rise to few problems — the main ones come from the difficulties of entry and parking at some schools. These are in due course solved by widening the school entry gates, and where necessary laying a 'hard standing' near the school building.

We now have a total of ten mobile dental clinics and they are in full demand. Once a school has had the dental treatment provided by the use of these clinics, children, parents, teachers, dental officers and all concerned ask that the future treatment sessions should also be in this way.

The first mobile dental clinic in Somerset came into use in 1957, and although the usual 'expectation of life' for this type of vehicle is about ten years, it is still in excellent condition. This is mainly due to regular maintenance and periodic repainting and overhaul. This is carried out at the County Council's Central Repair Depot at Wells.

Mini-bus transport for dental treatment

This service has expanded during the year and has provided an excellent link for the children of those schools which do not have the advantages of a nearby fixed or mobile dental clinic. As the children come in small groups it has the further advantage of a better patient-behaviour pattern, and the time away from school is reduced to the minimum.

Replacement of obsolescent equipment

The replacement of certain of the bigger items of dental surgery equipment, which the Committee has agreed should take place over a period of five years, was started

during the year. Six new chairs were purchased and these replaced six chairs which were of old-fashioned design and were unsuitable for the more up-to-date treatment techniques. Other similar chairs will need to be replaced in due course, together with other items of chairside equipment.

The Dental Laboratory

We have now completed the first twelve months with the re-organised dental laboratory, and it is very satisfactory to be able to report a very successful result. The technicians, reduced from six to three in number, have maintained the high standard expected of them and at the same time the output per technician has increased. Only a small amount of work (at periods of peak work-load) has had to be sent out to commercial laboratories.

Dental Ancillaries

Authority was given in 1962 for the appointment of one dental hygienist on our staff. Dental hygienists are a form of ancillary worker whose duties are partly in dental health education and partly at the chairside, where treatment is confined to scaling and polishing and the application of certain medicaments to the teeth.

Since the advent of dental auxiliaries, whose work embraces the duties of dental hygienists, together with additional types of dental treatment, the tendency is to encourage the appointment of auxiliaries rather than hygienists. We have at present two such appointments and it is hoped that, with the building of new clinics with sufficient surgeries, this number may eventually be increased.

Dental auxiliaries play an important part in the dental health education programme and under the guidance of the dental officer give talks at schools and to parents. Films, posters and leaflets are used to illustrate the talks and the auxiliary also uses display material designed and produced by herself. This can often be built around some point of local interest and is usually in the form of slides, display stands and posters.

The Orthodontic Scheme

The demand for orthodontic treatment has continued and there is no doubt that parents are becoming more aware of the benefits which children with irregular teeth receive from this branch of dental treatment.

The dental officers see all children at routine inspections and are able to select and offer this special form of treatment in addition to routine treatment such as fillings and extractions. Each case undertaken is supervised either by the orthodontist seeing the patient personally at one of the fixed clinics, which are visited by him regularly, or from models of the mouth sent to him for advice".

The County Orthodontist, Mr. N. M. Poulter, reports:—

"During the year the demand for orthodontic treatment continued to be as great as ever and there is no doubt that parents are becoming more and more conscious of the benefits, not only physical but also mental, which their children can derive from this type of treatment.

The figures for appliances made during the year are very similar to those for 1966 – total removable appliances 1,029 (1966 — 1,105). Of this total 570 (1966 — 611) removable appliances and 30 (1966 — 14) fixed appliances were inserted by me. The increase in the number of fixed appliances is due to the fact that more of the routine orthodontic cases are being treated by the dental officers themselves, and only the more difficult cases are referred, especially where fixed appliance therapy is necessary.

The majority of the county dental officers show a keen interest in this branch of dentistry and continue to treat certain cases themselves and I am sure this policy is the correct one. Not only are more cases treated in this way but also it widens the scope of the work of each dental officer. Each case is supervised, either by seeing the patients personally at one of the fixed clinics, or from the models of the case, when the appliance therapy is approved or counter suggestions made. This system has worked well for some years now and I see no reason why it should be changed.

It is suggested that dental officers, during the routine inspection of their schools should be continually on the lookout for dental malocclusions and particularly those in rural areas should refer such children to a fixed clinic for orthodontic treatment. Under these circumstances it is also essential, where at all possible, that the dental officer should endeavour to see one or other of the child's parents and explain to them the need for travelling to the nearest fixed clinic. In this way, the dental officer can ascertain, before referring the child, that the parents understand why they are being asked to travel to a fixed clinic, and that they are willing to accept appointments at a distance from home or school.

Since McNeil brought to the notice of the medical and dental professions in 1954 the possible advantages of pre-surgical dental orthopaedic treatment for babies born with a cleft lip and/or cleft palate such treatment has spread to many parts of this country and beyond, and, whilst certain of the benefits claimed by some are not accepted by others, there can be little doubt that feeding is easier, the risk of infection to the eustasian tubes lessened, the task of the plastic surgeon ameliorated and perhaps future orthodontic treatment made less complicated. In addition nobody would deny that, psychologically, the mother is helped by someone doing something for her unfortunate baby at a time when otherwise it is just a question of everyone waiting for the opportune moment for lip surgery. I consider it a great privilege to have been asked to take part in this work in Somerset. Anticipating some ten cases per year in the County I treated one in July; two in August; two in October and one in November!!

Plates have been inserted in these babies' mouths within a few days — and, at times, within a few hours of birth, and I would like to express my appreciation of the extreme co-operation of my dental surgery assistant and of the laboratory staff in this work, which has often entailed staying long beyond their normal hours of duty in order that the plates may be ready for insertion at the earliest possible moment.

Lastly it is my pleasant duty to thank the Chief Dental Officer for his ever present interest and enthusiasm in all orthodontic matters, my Dental Surgery Assistant, the Laboratory for their sustained efforts and high standard of workmanship and the dental surgeons in our own Authority, and in the National Health and Hospital Services, who refer patients to me for orthodontic treatment and whom it is my pleasure to serve to the best of my ability."

II. INFECTIOUS DISEASES AND IMMUNISATION

INFECTIOUS DISEASES

Apart from the usual incidence of measles, 1967 was a satisfactory year as regards infectious diseases. No cases of poliomyelitis, diphtheria or typhoid were reported amongst school children.

Infectious Hepatitis

A first case of infectious hepatitis occurred at Blagdon County Primary School in December 1966, and subsequent cases occurred at intervals until, by the end of June, thirty-four pupils and one member of the staff had succumbed, the number of pupils in the school being 150. On 30th June, Dr. B. I. Dennis, acting for the Divisional School Medical Officer, after consultation with me and with Dr. Boycott of the Public Health Laboratory, Taunton, decided to close the school until the end of the term in the hope that during the long summer break, when the children would not be in such continual close contact, the chain of infection would be broken.

The cases varied in severity, most being quite mild, but a few required admission to Ham Green Hospital. Some of the children were only away from school for about two weeks: others for six weeks or more. During this period, hygiene precautions were strictly enforced in the school and the school swimming pool was not used. The local Child Welfare Centre, held on the school premises, was also closed.

No further cases occurred when the school re-opened in the normal way at the beginning of the autumn term.

VACCINATION AND IMMUNISATION

During the year 528 children, who had not been immunised before reaching school age, received primary diphtheria immunisation, and a further 13,053 children were given reinforcing injections. Similarly, 1,415 children received primary courses of tetanus vaccination and 12,974 reinforcing tetanus injections were given. The majority of the foregoing diphtheria and tetanus injections were carried out with a combined vaccine.

Primary poliomyelitis vaccination was completed by 736 school entrants, who had not been protected in infancy, and 9,156 children had their immunity against poliomyelitis reinforced by a single dose of vaccine.

In November, 1966, the County Council installed an I.C.T. 1902 computer in the County Treasurer's Department (see frontispiece photograph). Towards the end of 1967 considerable progress was made in the use of this computer to enable children to be called up automatically to receive their vaccinations and immunisations as they become due in accordance with the current schedule of inoculations recommended by the Ministry of Health. Pilot schemes were carried out in co-operation with the general practice at Bishop's Lydeard and the three practices in Clevedon, and these trials proved successful.

Measles Vaccination

In my Report for 1966 I referred to the problems connected with measles vaccination on a "countrywide" scale. These problems have now been resolved, and, at the time of writing this Report, further directions from the Ministry of Health have been received concerning a measles vaccination scheme. No start was made in 1967, but I hope to refer to this matter again in my Report for 1968.

Tuberculosis

During 1967 four children of primary school age were notified as suffering from tuberculosis: of these three had pulmonary infections.

The mass radiography service holds regular sessions at certain towns in Somerset, namely at Bridgwater, Frome, Glastonbury, Highbridge, Minehead, Radstock, Shepton Mallet, Street, Taunton, Wellington, Wells, Weston-super-Mare and Yeovil. Teachers and non-teaching staffs are encouraged to attend for an annual x-ray, but it is not now considered desirable to offer mass miniature radiography to children of school age as a routine measure.

Some 179 male and 586 female members of schools staff attended for mass radiography in 1967.

In February a recently employed meals supervisor at a primary school in north-west Somerset was found to have pulmonary tuberculosis with a "positive" sputum. Of the 262 children at the school, 236 were Heaf tested. There were 20 refusals, three of whom had had B.C.G. vaccination, and six children were absent. The 236 children tested gave 219 negative and 17 positive results. Of these 17, eleven had had B.C.G. in the past and a further 3 probably had had B.C.G. vaccination. This left only 3 Heaf positive children unaccounted for. All 17 children were x-rayed at Ham Green Hospital on 17th March and were found to have normal chest x-rays. 19 teaching and auxiliary staff worked at the school, and all but three were x-rayed and no abnormalities found.

B.C.G. Vaccination

An offer of B.C.G. vaccination for children born in the year 1954 was made in October, 1966. The offer was again made to the parents through the kind co-operation of the Heads of maintained and private schools in Somerset where children of secondary school age were in attendance. The Heaf testing and B.C.G. vaccination of the "negative" reactors was carried out by School Medical Officers during the Spring and Summer Terms, 1967.

With reference to my Report for 1966, it was not possible in 1967 to make the proposed further trial of B.C.G. vaccination using a modified high pressure jet gun. Vaccination therefore continued on traditional lines, using disposable syringes and needles.

The results of the scheme were :—

B.C.G. VACCINATION IN 1967

	Born 1954 (or earlier)
Estimated number of children eligible	9,450
Number of consents received	8,433
Estimated percentage of acceptances	89%
Number of children whose tuberculin tests were read	
with "positive II, III or IV" results	494
ǂ with "negative" or "positive I" results	7,152
Percentage of "positive II, III or IV" results ...	6.5%
Percentage of "negative" or "positive I" results ...	93.5%
Number of children to whom B.C.G. given	6,972
Number of children left county, *absent, or postponed because of other inoculations	578
Number of children with "negative" or "positive I" results but not given B.C.G....	80
Number of children *absent for reading of tuberculin test	209

The children whose tuberculin tests gave a "positive" reading were referred to Chest Clinics or to Mass Radiography Units for investigation with the following results:-

	Born 1954
Nil abnormal discovered	274
Healed primary lesions only	7
Did not attend	34
Pulmonary tuberculosis discovered	0
	315

(179 children were not referred to Chest Clinics as the "positive" reading was the result of previous B.C.G. vaccination).

ǂ Children whose tuberculin test gave a "positive I" result were given B.C.G. vaccination.

* Children absent are given a second opportunity in the following year.

III. HANDICAPPED PUPILS

A Sub-Committee of the Attendance and Health Sub-Committee of the Education Committee met periodically to discuss the special needs of certain handicapped children. During this year, 142 children were considered and appropriate recommendations were made with regard to placement and/or any form of educational treatment.

BLIND

Twenty-two at Special Schools: no waiting list.

Children of school age are educated by methods which do not involve the use of sight, the majority being placed at the Royal School of Industry for the Blind, Westbury-on-Trym, Bristol, whereas younger children are usually admitted to one of the Sunshine Homes either at Abbotskerswell, Devon, or Southerndown, Glamorgan.

PARTIALLY SIGHTED

Thirteen at Special Schools: two on waiting list.

Children who cannot follow the usual methods of teaching in an ordinary school, without detriment to their sight, or to their educational development, but who are capable of being educated by special methods involving the use of sight, are generally placed at the West of England School for Partially Sighted Children, Exeter, Devon.

DEAF

Thirty at Special Schools: three on waiting list.

The majority of deaf children are placed at the Royal West of England School for the Deaf, Exeter, and three pre-school age children are placed in the Nursery Unit of this school.

PARTIALLY HEARING

Fifteen at Special Schools: two on waiting list.

Two children attend daily at the Elmfield School for the Deaf, Bristol.

The majority of children with hearing defects remain at home and receive education in the local schools, with supervision by the Travelling Teachers of the Partially Hearing, who advise special teaching techniques and provide individual tuition. Some have impaired hearing but do not require educational methods, as provided for deaf children, and so are placed at the Royal West of England School for the Deaf, Exeter, where they receive education on a boarding school pattern.

EDUCATIONALLY SUBNORMAL

Six hundred and one at Special Schools: four boarders on waiting list and ninety-seven day pupils.

There are at present five Special Schools for educationally subnormal pupils maintained by the Somerset Local Education Authority, namely:—

Elmwood School, Bridgwater

A day special school for 100 pupils plus an assessment class for 10 children in 5 – 8 year age range;

Fairmead School, Yeovil

A day special school for 100 pupils;

Fosseway School, Radstock

which has a boarding hostel for 40 girls and provides in addition for 80 mixed day pupils;

Monkton Priors School, Taunton

which has a boarding hostel for 30 boys and also has places for 70 mixed day pupils. In addition, an assessment class for 10 children in the 5 – 8 year age range was provided at this school in September of this year;

Westhaven School, Weston-super-Mare

which has a boarding hostel for 40 boys and in addition has places for 60 mixed day pupils.

Formal ascertainment under Section 34 of the Education Act, 1944, is reserved for children where parental agreement for admission to an E.S.N. school is withheld. Normally, admissions are arranged on the basis of informal educational, medical, social and psychometric assessments.

Somerset pupils are also placed at special schools maintained by other authorities: for example, pupils requiring special education as day pupils, who live within reach of Bath or Bristol, attend special schools in those cities. Use is also made, from time to time, of residential special schools maintained by the Bristol and Devon Local Authorities.

Social Work in Special Schools

Mental Welfare Officers have been attached to each of the schools for the educationally subnormal for a number of years to provide support and guidance to the children which is often continued into their working life.

EPILEPTICS

One at Special School: one on waiting list.

It is essential to place some pupils at Special Schools because of resistance to anti-convulsant drugs etc., which makes it impossible to educate them under the normal routine of ordinary schools without detriment to themselves and other pupils. Lingfield Hospital School, Lingfield, Surrey, and St. Elizabeth's, Much Hadham, Hertfordshire, are mainly used.

MALADJUSTED

Fifty-four at Special Schools: eighteen others in Residential Homes and attending schools. Nine on waiting list.

Short stay accommodation is provided by the Authority for sixteen boys at Southfields Hostel, Ilminster. Dr. A. H. Bakker's comments concerning this Hostel appear earlier in this Report.

PHYSICALLY HANDICAPPED

Fifty at Special Schools: four on waiting list.

Continued use is being made of the Princess Margaret School, Taunton, an establishment opened in 1966 by Dr. Barnardo's Homes for the admission of physically handicapped children.

The Spastics Society Assessment Panel is frequently consulted and suitable placements are often suggested by this Society. Children with a good average intelligence continue to be placed at the Dame Hannah Rogers School, Ivybridge, Devon. Physically handicapped pupils, including orthopaedic, heart, spastic and other conditions, are catered for in a variety of schools dealing with special handicaps such as those maintained by Dr. Barnardo's Homes, the Shaftesbury Society and the Spastics Society.

SPEECH DEFECTS

Five at Special Schools: one on waiting list.

Children with severe speech defects, who require residential placement, attend Moor House School, Hurst Green, Oxted, Surrey, or the John Horniman School, Worthing, Sussex.

DELICATE

Twenty at Special Schools: twenty-one others in Residential Homes and attending ordinary schools: two on waiting list.

Continued use is made of St. Catherine's Home, Ventnor, Isle of Wight, the Heathercombe Brake Trust Schools and the Devonport Houses in Devon, although asthmatic children are removed from their homes less frequently nowadays due to the advance in methods of treatment.

HOME TUITION

Under Section 56 of the Education Act, 1944, the Local Education Authority is able to provide education at home for any child who for one reason or another is unable to follow a normal school curriculum.

Periods of home tuition have been provided for sixty children during the year.

TRANSPORT OF SCHOOL CHILDREN ON MEDICAL GROUNDS

Transport to school is provided by the County Education Committee for any children who are certified by the Principal School Medical Officer as being physically unfit to walk to school, irrespective of the distance involved. These cases are regarded as "re-examinations" and are examined by the School Medical Officer on each occasion a medical inspection is carried out at the school, and/or immediately prior to the termination of the period for which transport was recommended.

At 31st December, 1967, 90 children were being conveyed to school on medical grounds, an increase of 11 compared with the number who were being conveyed at a similar date in the previous year.

IV. SCHOOL HYGIENE

SANITARY CONDITIONS IN SCHOOLS

In 1966, the County Council approved in principle a programme to improve the sanitary facilities at primary schools in the County over a period of three years at a cost of approximately £364,000. As a first instalment, a sum of £120,000 was ear-marked for the 1967/68 programme but for various reasons this was reduced to £40,000. It was decided to group schools together and to distribute the work according to the availability of contractors, with priority being given to those schools on Exmoor, the Mendips, the Blackdowns and the Brendons. After these schools had been dealt with the programme would then follow the earlier-accepted principle of dealing with schools according to size.

In preparing the programmes for 1967/68 and 1968/69, regard was paid to the future of certain schools for it was felt that only expenditure of a routine nature should be allowed on schools where their future was uncertain. Eighteen contracts were prepared, seven to eight schools being included in each. It is anticipated that work up to and including contract no. 5 will be covered in the 1968/69 programme.

It should, perhaps, be mentioned that several schools are being dealt with under schemes of re-organisation.

MILK IN SCHOOLS SCHEME

Details of milk samples taken from schools and other establishments during 1967 are set out in the following Table:

	Pasteurised		Untreated		Total	% Unsat.
	Satis.	Unsat.	Satis.	Unsat.		
Schools	208	9	3	–	220	4.1
Central Kitchens	22	–	–	–	22	–
Self-Contained Canteens	32	5	–	–	37	13.5
Residential Nurseries, Day Nurseries and Children's Homes	21	2	14	–	37	5.4
Mental Health Training Centres	5	–	–	–	5	–
County Council Homes	23	1	2	–	26	3.8
TOTALS	311	17	19	–	347	4.9

SCHOOL SWIMMING POOLS

It is some fifteen years since the first "do-it-yourself" pool was constructed at Huish Episcopi Secondary School. This raised such interest that, within a matter of three years or so, fifteen pools had been constructed elsewhere in the County.

As will be seen from the Table below, the pattern of pool development has been fairly rapid, much to the credit of Parent/Teacher Associations. The Table also shows that very few pools are now without purification plant and it is to be hoped that the number will be further reduced in the not-too-distant future.

Many hundreds of children have benefitted from these pool facilities for it is not only important that children should learn to swim, but they should also have a good knowledge of life-saving techniques. As one Headmaster has stated concerning the "unseen" affects of a pool facility: "I am convinced that the extremely healthy school spirit is attributable in part to the pool's existence, whilst parental interest and support continues to run at a very high level. Apart from the social training involved, an appreciable improvement in standards of cleanliness has also become apparent for the children appreciate the need for 'clean bodies'. Standards of behaviour have also improved and greater respect for property in general is noticeable."

It is apparent that pool projects are becoming more ambitious, with emphasis on the need for overhead cover, but quite obviously much depends not only upon the amount of finance available, but also, in the case of existing pools, on location.

My Department maintains a very careful check on the efficiency of water treatment at all school pools and each school is required to submit a weekly return of chlorine residual readings.

The development of school swimming pools over the past few years is given in the following Table:

Year	PERMANENT POOLS		PORTABLE POOLS	
	With Purification Plant	Without Purification Plant	With Purification Plant	Without Purification Plant
Prior to 1960	2	13	–	–
1960	4	16	–	–
1961	7	19	–	2
1962	9	21	1	2
1963	13	20	1	3
1964	25	15	2	9
1965	29	15	9	10
1966	40	12	17	10
1967	48	11	26	4

NOTE: 3 pools are either under construction or at drawing board stage.

SCHOOL MEALS SERVICE

Visits to self-contained canteens and central kitchens were maintained throughout the year in order to examine meat supplied under contract. Two complaints were investigated, but generally the quality of the meat supplied was found to be of a high standard.

The Chief Education Officer reports:—

"During the year 1967 there has been a further increase in the number and percentage of children taking school meals. In October the total daily production reached 65,909. The percentage of children taking meals during this month was 76.35. The number of central kitchens is 15 while the number of self-contained canteens now reaches 260."

V. STATISTICAL TABLES AND GENERAL INFORMATION

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY (INCLUDING NURSERY AND SPECIAL) SCHOOLS

PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of pupils inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory				
		No.	% of Col. 2	No.	% of Col. 2	For defective vision (excluding squint)	For any other condition	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1963 and later	776	776		0		15	71	80
1962	4,858	4,849		9		167	546	626
1961	3,371	3,365		6		116	436	491
1960	998	998		0		50	135	173
1959	409	409		0		25	55	73
1958	391	391		0		33	58	80
1957	2,320	2,317		3		128	192	289
1956	2,644	2,643		1		183	229	376
1955	402	401		1		37	39	69
1954	152	152		0		14	12	25
1953	370	370		0		28	35	55
1952 and earlier	671	670		1		58	59	97
TOTALS	17,362	17,341	99.88	21	0.12	854	1,867	2,434

OTHER INSPECTIONS

Number of Special Inspections	3,489
Number of Re-inspections	8,984
TOTAL	12,473

INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	23,816
(b) Total number of individual pupils found to be infested	216
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	3
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	0

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect or Disease		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
		ENTRANTS	LEAVERS	OTHERS	TOTAL	
Skin	T	71	13	83	167	63
	O	244	26	63	333	46
Eyes – a. Vision ...	T	336	95	554	985	483
	O	460	73	334	867	196
b. Squint ...	T	141	1	66	208	41
	O	130	2	32	164	8
c. Other ...	T	23	4	22	49	20
	O	63	6	29	98	15
Ears – a. Hearing ...	T	146	9	65	220	121
	O	281	16	84	381	75
b. Otitis Media	T	54	1	20	75	34
	O	229	3	76	308	44
c. Other ...	T	18	4	21	43	19
	O	116	13	52	181	14
Nose and Throat ...	T	117	15	89	281	189
	O	662	36	281	979	186
Speech	T	93	1	34	128	72
	O	373	3	52	428	27
Lymphatic Glands ...	T	20	1	6	27	19
	O	353	4	97	454	45
Heart	T	27	1	9	37	11
	O	167	6	69	242	38
Lungs	T	41	2	32	75	44
	O	374	35	136	545	88
Developmental – a. Hernia	T	27	0	11	38	10
	O	73	1	16	90	7
b. Other	T	37	8	65	110	60
	O	193	22	141	356	60
Orthopaedic – a. Posture	T	32	5	48	85	31
	O	80	23	112	215	35
b. Feet	T	137	8	8	153	115
	O	312	23	138	473	54
c. Other	T	70	7	46	123	65
	O	265	27	133	425	42
Nervous System – a. Epilepsy	T	14	2	10	26	7
	O	28	4	25	57	14
b. Other	T	19	4	11	34	23
	O	109	18	63	190	37
Psychological–a.Development	T	23	1	12	36	93
	O	157	16	124	297	67
b.Stability	T	68	5	45	118	102
	O	506	42	244	792	121
Abdomen	T	13	2	17	32	21
	O	92	14	52	158	37
Other	T	32	2	22	56	35
	O	261	28	128	417	48

(T – Pupils found to require treatment. O – Pupils found to require observation)

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

EYE DISEASES DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	51
Errors of refraction (including squint)	3,934
TOTAL	3,985
Number of pupils for whom spectacles were prescribed ...	1,795

DISEASES AND DEFECTS OF EAR NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment –	
(a) for diseases of the ear	64
(b) for adenoids and chronic tonsilitis	820
(c) for other nose and throat conditions	75
Received other forms of treatment	368
TOTAL	1,327
Total number of pupils in schools known to have been provided with hearing aids –	
(a) in 1967	7
(b) in previous years	72

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ...	1,818
(b) Pupils treated at school for postural defects	13
TOTAL	1,831

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

	Number of cases known to have been treated
Ringworm – Scalp	0
– Body	3
Scabies	39
Impetigo	51
Other skin diseases	348
TOTAL	441

CHILD GUIDANCE – SUMMARY OF WORK CARRIED OUT DURING YEAR

Cases referred to Child Guidance Clinics	746
Total number of cases seen by Psychiatrists ... ... (including 41 electro-encephalographic examinations, and 132 Court cases)	1,205
Cases seen by Educational Psychologists in schools, clinics, homes and institutions	2,382
School and Hostel visits paid by Educational Psychologists	1,372
Home visits and Clinic interviews by Psychiatric Social Workers	1,972
Schools, Hostels and Children's Homes visited by Psychiatric Social Workers	31
Cases closed during the year	415

CASES RECEIVING TREATMENT

Psycho-therapy by Psychiatrists	253
Drug-therapy by Psychiatrists ... ... (including 2 cases subsequently found to be epileptic)	104

DENTAL INSPECTION AND TREATMENT CARRIED OUT DURING THE YEAR ENDED 31st DECEMBER, 1967.

Attendances and Treatment	
Courses of treatment commenced during current year	
(a) First Courses	18,883
(b) Additional Courses	1,047
Number of Attendances	46,315
Fillings in Permanent Teeth	32,055
Fillings in Deciduous Teeth	17,978
Permanent Teeth filled	27,267
Deciduous Teeth filled	16,104
Permanent Teeth extracted	3,305
Deciduous Teeth extracted	8,352
General Anaesthetics	3,024
Emergencies	1,320
Other Treatment	8,351
Courses of Treatment completed	15,583
Orthodontics	
New cases commenced during Year	352
Cases completed during Year	316
Cases discontinued during Year	30
No. of removable appliances fitted	998
No. of fixed appliances fitted	30
Prosthetics	
Pupils supplied with Full Upper or Full Lower dentures (first time)	8
Pupils supplied with partial dentures (first time)	81
Number of dentures supplied	113
Inspections	
(a) First inspection in current year. No. of pupils	62,289
Number found to require treatment	34,816
Number offered treatment	28,304
(b) Pupils re-inspected in current year	3,235
Number found to require treatment	2,055
Sessions	
Sessions devoted to treatment	8,118
Sessions devoted to inspection	698
Sessions devoted to Dental Health Education	160

SPEECH THERAPY

Clinic Centre	No. of Sessions	No. of Children under treatment 1.1.67	No. of Children under treatment 31.12.67	Admittances	Discharges	Total Attendances	Home Visits	School Visits	No. on waiting list at 31.12.67
Bath	76	16	15	7	8	315	0	5	3
Bridgwater ... ... (re-opened 9.6.67)	62	(38)	29	6	15	198	0	0	50
Burnham-on-Sea ... (closed since 31.12.66)	–	(32)	(32)	–	–	–	–	–	6
Castle Cary	99	30	42	16	4	562	4	2	5
Chard	130	25	29	17	13	608	3	0	19
Clevedon	94	19	13	13	19	375	2	0	3
Crewkerne	47	8	11	9	6	164	0	0	2
Dulverton	25	5	5	3	3	125	1	1	0
Frome	94	29	34	24	19	370	0	0	11
Glastonbury	35	24	28	14	10	190	0	0	6
Keynsham ... ... (re-opened 13.9.67)	16	(29)	30	9	8	82	0	0	11
Long Ashton ... (closed since 31.12.66)	–	(7)	(7)	–	–	–	–	–	2
Minehead ... ... (re-opened 6.6.67)	50	(17)	14	11	14	115	0	0	8
Portishead ... ... (re-opened 11.10.67)	9	(13)	8	2	7	34	0	0	2
Radstock	97	35	35	14	14	351	0	0	4
Shepton Mallet ...	53	10	12	12	10	246	0	6	17
Taunton	334	28	64	52	16	1,399	0	1	13
Wellington	35	7	7	4	4	228	0	0	13
Wells	36	15	19	7	3	173	0	3	5
Weston-super-Mare ...	185	96	66	29	59	796	0	1	18
Wincanton ... ... (closed 12.9.67)	27	5	(3)	2	4	104	1	3	0
Wiveliscombe ...	28	9	7	3	5	203	10	0	1
Yeovil	164	45	59	32	18	900	14	2	26
TOTALS	1,696	542	569	286	259	7,638	35	24	225

SPEECH THERAPY continued

Clinic Centre	Children receiving treatment 31.12.67						Children discharged during 1967					
	Stammerers	Dyslalias	Sigmatisms	Cleft palates	Cerebral palsies	Other defects	Stammerers	Dyslalias	Sigmatisms	Cleft palates	Cerebral palsies	Other defects
Bath	1	6	3	2	0	3	0	5	1	0	0	2
Bridgwater ... ... (re-opened 9.6.67)	3	18	4	2	0	2	2	10	0	0	0	3
Burnham-on-Sea ... (closed since 31.12.66)	(11)	(11)	(5)	(2)	(3)	(0)	—	—	—	—	—	—
Castle Cary	6	28	5	3	0	0	0	3	1	0	0	0
Chard	6	16	3	0	0	4	2	6	3	0	0	2
Clevedon	2	1	1	3	2	4	1	11	5	0	0	2
Crewkerne	1	6	3	1	0	0	1	2	2	1	0	0
Dulverton	0	5	0	0	0	0	0	1	1	0	0	1
Frome	4	23	5	0	1	1	7	12	0	0	0	0
Glastonbury	9	15	1	1	0	2	1	6	2	1	0	0
Keynsham ... ... (re-opened 13.9.67)	3	19	1	2	0	5	0	7	0	1	0	0
Long Ashton ... ... (closed since 31.12.66)	(1)	(4)	(0)	(1)	(0)	(1)	—	—	—	—	—	—
Minehead ... ... (re-opened 6.6.67)	1	8	1	0	0	4	3	10	1	0	0	0
Portishead ... ... (re-opened 11.10.67)	0	8	0	0	0	0	2	5	0	0	0	0
Radstock	7	27	0	1	0	0	0	1	10	1	2	0
Shepton Mallet ...	1	6	3	0	0	2	1	7	0	0	1	1
Taunton	10	29	16	1	0	8	0	8	6	1	0	1
Wellington	1	6	0	0	0	0	1	3	0	0	0	0
Wells	4	11	1	2	0	1	0	1	2	0	0	0
Weston-super-Mare ...	6	37	3	2	1	17	9	31	8	2	2	7
Wincanton ... ... (closed 12.9.67)	0	2	1	0	0	0	0	3	0	0	0	1
Wiveliscombe... ...	2	5	0	0	0	0	1	3	1	0	0	0
Yeovil	9	32	4	5	1	8	0	14	0	1	0	3
TOTALS	88	323	60	28	8	62	31	149	43	8	5	23

SCHOOL CLINICS

School Clinics are held as follows:-

Location	Treatment	Sessions held
Backwell	Ophthalmic	As required.
Bath Health Department ...	Speech	Thursdays (p.m.)
Bath Manor Hospital	Ophthalmic	As required.
Bridgwater, Albert Street ...	Dental	As required.
Bridgwater, Bath Road, Sydenham Junior School ...	Minor Ailments ...	Thursdays (p.m.)
Bridgwater, Hamp Junior School	Minor Ailments ...	2nd and 4th Tuesdays.
Bridgwater Health Centre ...	Breathing Exercises ...	Wednesdays.
	Child Guidance ...	Tuesdays (a.m.)
	Minor Ailments ...	Mondays, Wednesdays and Fridays (Medical Officer attends on Mondays)
	Orthopaedic (Sister) (temporarily closed)	Mondays
	Orthopaedic (Surgeon)	3rd Thursdays (a.m.)
	Speech	Wednesdays (p.m.) and Fridays
	Ultra Violet Light ...	Tuesdays and Fridays (p.m.)
Bridgwater Hospital	Ophthalmic	Alternate Tuesdays (p.m.)
Bristol Royal Infirmary ...	Orthopaedic (Surgeon)	1st Friday (a.m.)
Burnham-on-Sea, King Alfred School	Speech (temporarily closed)	Thursdays.
Castle Cary, Dr. Lennie's Surgery	Speech...	Mondays (p.m.)
Chard Health Centre... ...	Dental	As required.
	Orthopaedic (Sister) (temporarily closed)	2nd Wednesday (a.m.)
	Speech	Fridays
Clevedon Community Centre	Orthopaedic (Sister) (temporarily closed)	2nd Monday.
	Speech	Thursdays.
Clevedon, 68 Old Street ...	Ophthalmic	As required.
Clutton	Ophthalmic	As required.
Crewkerne, 16 Church Street	Dental	As required.
	Orthopaedic (Sister) (temporarily closed)	1st Wednesday.
	Speech	Thursdays (a.m.)
Dulverton, Exmoor House ...	Speech	Mondays (p.m.)
Frome Health Centre ...	Child Guidance ...	3rd Tuesday.
	Dental	As required.
	Ophthalmic	As required.
	Orthopaedic (Sister) ...	Thursdays (as required)
	Orthopaedic (Surgeon)	4th Tuesday (a.m.)
	Speech...	Mondays and Thursdays (a.m.)
Glastonbury Health Centre ...	Child Guidance ...	2nd and 4th Tuesdays (a.m.)
	Dental	As required.
	Ophthalmic	As required.
	Orthopaedic (Sister) ...	Thursdays (as required)
	Orthopaedic (Surgeon)	3rd Wednesday (a.m.)
	Speech...	Thursdays (a.m.)
Keynsham, Ellsbridge House	Child Guidance ...	1st, 2nd and 5th Tuesdays: 4th Tuesday (a.m.): 1st Saturday (a.m.)
Keynsham Health Centre	Dental	As required.
	Orthopaedic (Sister) ...	3rd Tuesday.
	Speech...	Wednesdays (a.m.) and Thursdays (a.m.)

SCHOOL CLINICS continued

Location	Treatment	Sessions held
Long Ashton, Red Cross Hall	Speech (temporarily closed)	Mondays (a.m.)
Minehead, 54 Summerland Avenue	Dental	As required.
	Speech...	Tuesdays.
Minehead Hospital	Child Guidance ...	Alternate Fridays (a.m.)
	Ophthalmic	Alternate Tuesdays (p.m.)
Portishead Congregational Hall	Ophthalmic	As required.
Portishead Folk Hall ...	Speech...	Wednesdays (a.m.).
Portishead, St. Mary's Road	Dental	As required.
Radstock Health Centre	Child Guidance ...	4th Tuesday (p.m.)
(Leigh House)	Dental	As required.
	Ophthalmic	As required.
	Orthopaedic (Sister) ...	Tuesdays (as required).
	Orthopaedic (Surgeon)	1st Tuesday (a.m.)
	Speech...	Wednesdays (a.m.) and Fridays (a.m.)
Shepton Mallet Hospital ...	Ophthalmic	As required.
	Orthopaedic (Sister) ...	1st and 3rd Monday (p.m.) and 1st Thursday (p.m.)
	Orthopaedic (Surgeon)	1st Wednesday (early p.m.)
Shepton Mallet U.D.C. Offices	Speech...	Tuesdays (a.m.)
Taunton (East Reach) Hospital	Ophthalmic	As required.
Musgrove Park Branch ...	Child Guidance ...	Tuesdays (a.m.) and Fridays.
Taunton, Health Centre ...	Breathing Exercises ...	Mondays (a.m.)
(Tower Lane)	Dental	Daily.
	Orthopaedic (Sister) ...	Tuesdays (a.m.)
	Orthopaedic (Surgeon)	2nd and 4th Fridays.
	Speech...	Mondays, Tuesdays (p.m.), Wednesdays, Thursdays and Fridays.
Wellington, Beech Grove School	Speech...	Tuesdays (a.m.)
Wellington, North Street Clinic	Dental	As required.
Wells and District Hospital ...	Ophthalmic	As required.
Wells, St. Thomas V.C. Junior School	Speech...	Tuesdays (a.m.)
Weston-super-Mare, The Royal Hospital	Orthopaedic (Surgeon)	2nd and 3rd Tuesdays (a.m.)
Weston-super-Mare, 3 Neva Road	Child Guidance ...	1st and 5th Tuesdays: 2nd Tuesday (p.m.): Thursdays (a.m.) and Fridays (p.m.)
	Dental	Daily.
Weston-super-Mare, Somerset House	Minor Ailments ...	Tuesdays.
	Ophthalmic	Mondays.
	Speech...	Wednesdays and Fridays.
Wincanton, 2 Market Place ...	Dental	As required.
	Ophthalmic	As required.
	Orthopaedic (Sister) (temporarily closed)	4th Wednesday.
	Speech (temporarily closed)	Mondays (a.m.)
Wiveliscombe Primary School	Speech...	Mondays (a.m.)
Yeovil Hospital	Breathing Exercises...	Mondays (p.m.)
	Ophthalmic	Fridays (a.m.)
	Orthopaedic (Sister) (temporarily closed)	1st, 3rd and 5th Tuesdays; 5th Wednesday (p.m.): 1st Friday (p.m.): 3rd and 5th Fridays.
	Orthopaedic (Surgeon)	1st Friday (a.m.)(alternate months)

SCHOOL CLINICS continued

Location	Treatment	Sessions held
Yeovil, Preston Road ...	Child Guidance ...	Wednesdays (p.m.) and Thursdays (p.m.)
	Dental	Daily.
	Minor Ailments ...	Medical Officer – Thursdays and Fridays (a.m.) School Nurse – Daily.
	Ophthalmic	Tuesdays (a.m.) – fortnightly.
	Speech	Mondays, and Tuesdays (a.m.)
	Sub-normal Assessment	3rd Monday (a.m.)